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Bib Data Sheet

**CONFIRMATION NO. 6057**

|  |  |                           |   |                                       |                            |
|--|--|---------------------------|---|---------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/675,111  | FILING DATE<br>09/30/2003<br><br>RULE  | CLASS<br>340              | GROUP ART UNIT<br>2632  | ATTORNEY<br>DOCKET NO.<br>41942-05522 |                            |
| <b>APPLICANTS</b><br><br>Christopher T. Crowley, Golden, CO;<br><br>** CONTINUING DATA **** <i>✓ TN</i>                                    |  |                           |   |                                       |                            |
| ** FOREIGN APPLICATIONS **** <i>✓ TN</i>   |  |                           |   |                                       |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 12/22/2003  |  |                           |   |                                       |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged<br><br><i>[Signature]</i><br>Examiner's Signature | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><br><i>[Initials]</i> | STATE OR<br>COUNTRY<br>CO | SHEETS<br>DRAWING<br>5  | TOTAL<br>CLAIMS<br>43                 | INDEPENDENT<br>CLAIMS<br>2 |
| <b>ADDRESS</b><br>MARSH FISCHMANN & BREYFOGLE LLP<br>3151 S. VAUGHN WAY #411<br>AURORA , CO<br>80014                                       |  |                           |   |                                       |                            |
| <b>TITLE</b><br>Non-contact patient temperature measurement  |  |                           |   |                                       |                            |
| FILING FEE<br><br>RECEIVED<br>1164   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                            |